

ALLIED VAUGHN

A Willette Acquisition Corp. Company

VIDEO ORDER FORM

Billing Info

Name: _____

Address: _____

City _____ State _____ ZIP _____

Phone: _____

Fax: _____

Contact: _____

Purchase Order Number: _____

Ship To

Name: _____

Address: _____

City _____ State _____ ZIP _____

Phone: _____

Fax: _____

Contact: _____

Method of Shipping: _____

| Title | | Tape # | English? Spanish? Both? | Format | Quantity | For Allied Vaughn Use Only | |
|----------------|--|--------|-------------------------------|--------|----------|-------------------------------|-----------|
| | | | | | | Price | Extension |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| Total Quantity | | | | | | Freight | Total |

Please fax order form to:

Allied Vaughn
Attn: Debi Anoatubby
972/869-2117